



JENNIFER GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF CAREER DEVELOPMENT
LANSING

DAVID HOLLISTER
DIRECTOR

OFFICIAL

Emailed 8/29/03

Michigan Department of Career Development (MDCD)
Career Education Programs

GEAR UP

Policy Issuance No. 01-03 Change 1

Index: III

Date: August 29, 2003

To: **GEAR UP Partner Directors:**
Detroit Public Schools,
Muskegon Public Schools,
Flint Community Schools / Central Michigan University

Subject: GEAR UP (GAINING EARLY AWARENESS & READINESS FOR UNDERGRADUATE PROGRAMS)
GEAR UP Michigan! **Cash Requests and Quarterly Expenditure Reports**

Programs Affected: GEAR UP Programs funded by the Higher Education Act

Rescissions: None

Background: **Enacted in 1998, GEAR UP was signed into law as part of the Higher Education Amendments of 1998 (Public Law 105-244).** *The mission of GEAR UP is to significantly increase the number of low-income students who are prepared to enter and succeed in post-secondary education.*

GEAR UP Michigan: Reaching the Urban Centers, targets three urban Public School Systems: Detroit, Muskegon, and Flint. Local School Districts or designees targeted for GEAR UP services within the federal grant application serve as Fiscal Agents for this program. Funding has been allocated to these three districts in proportion to the number of students receiving services. The amount of early intervention and scholarship funds allocated to each district is detailed in PI 01-01.

Policy: Fiscal Agents are responsible for local program operation and administration. Fiscal Agents are responsible for adherence to MDCD approved budgets and must submit required forms to receive reimbursement for allowable program operation expenses. Cash requests may be submitted for the period beginning August 15, 2003 with reimbursement contingent on the receipt and approval by MDCD of an acceptable local annual plan. Under expenditure of allocated

funds are subject to recapture by MDCD. Carry over of funds into a succeeding Program Year is not allowable.

Quarterly cash requests are due on the 15th of each month, MDCD will reimburse for actual costs expended in the previous month. Quarterly expenditure reports will reflect actual expenditures to date vs. planned expenditures. MDCD is providing forms for these reports (Attachments I and II). Quarterly narrative progress reports are required to be submitted with the expenditure reports. A final year-end report will also be required. Reports are due Dec 15, March 15, June 15, and year-end report September 15.

Action: GEAR UP Fiscal Agent officials shall prepare and submit Quarterly Cash Requests and Quarterly expenditure reports (Attachments I and II of this policy issuance) in compliance with the accompanying instruction sheets.

Quarterly Cash Requests and Quarterly Expenditure Reports are required to be submitted by means of the Internet E-mail system to beamishm@michigan.gov. Two hard copies of pages requiring original signatures must also be submitted within 60 days to:

Mr. Michael Beamish, GEAR UP Project Director
Michigan Department of Career Development
Victor Office Center, 4th Floor
201 North Washington Square
Lansing, Michigan 48913

Inquiries: Questions regarding this policy issuance should be directed to Michael Beamish at 517-241-6806 or beamishm@michigan.gov .

In accordance with the Americans with Disabilities Act, the information contained in this policy issuance will be made available in alternative format (large type, audio type, etc.) upon request to this office.

Expiration

Date: None

(SIGNED)

James Folkening
Director
Office of Postsecondary Services

Attachment(s)

Attachment I

GEAR UP MICHIGAN!

CASH REQUEST

Michigan Department of Career Development

Attention: Mike Beamish

201 N. Washington Square, 4th Floor

Lansing, Michigan 48913

I. IDENTIFICATION

A. Purchase Order Number		B. Request Number		C. Request Period From: To:		D. Today's Date	
E. Organization Name				F. Federal ID		GEAR-UP GRANT	
Address (Street Number and Name)							
City		State	Zip Code				
H. Contact Person			Telephone #				

II. STATUS OF FUNDS

A. Cash carry-in from prior program year		\$	C.1. Explanation of Adjustment to Cash:
B. Cash received year-to-date (+)		\$	
C. Adjustments to cash (+ or -) Explanation Required		\$	
D. Total cash available (=)		\$	
E. Actual disbursements year-to-date (-)		\$	
F. CASH ON HAND (=)		\$	I. Remarks:
G. Cash Requests in Progress		\$	
H. AMOUNT OF THIS REQUEST		\$	

GEAR UP MICHIGAN!
CASH REQUEST
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III. ITEMIZED CASH REQUEST

Organization Name:			Grant Amount		Required Match (Grant + Scholarships)
			\$		\$
Amt. By Line Item(s)	This Request	Rec'd Previous	Total YTD	Match This Period	Match Total YTD
Salaries and Wages	\$	\$	\$	\$	\$
Employee Benefits	\$	\$	\$	\$	\$
Travel	\$	\$	\$	\$	\$
Equipment	\$	\$	\$	\$	\$
Materials and Supplies	\$	\$	\$	\$	\$
Consult/Contract	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$
Indirect	\$	\$	\$	\$	\$
Totals	\$	\$	\$	\$	\$
Total This Request	\$			\$	
Balance			\$		\$

IV. CERTIFICATION

I certify that the information provided in this Cash Request is correct and that the amount requested is not in excess of current needs.		
Signature	Typed Name and Title	Date

V. FOR MD CD USE ONLY

Date Received	Comments
Checked By	
Payment Approved	

Section

Instructions

I. IDENTIFICATION

- | | |
|---|---|
| A. Purchase Order Number | Enter the State's Purchase Order Number assigned to your award. |
| B. Request Number | Enter the request number. The first request for the Program Year (PY) will be one (1), and all subsequent reports for the PY will be numbered sequentially. |
| C. Request Period | Enter the funding period for which the cash request is made. For year-end close out, August Report must be submitted on two forms covering 8/1 - 8/14 and 8/15 - 8/31. |
| D. Today's Date | Enter the date the request is sent to the Department of Career Development. |
| E. Organization Name and Address | Enter the name and address of the entity that is to receive the funds. |
| F. Federal Identification Number | Enter the Federal Identification Number for the agency. |
| G. Appropriation Year | Enter the AY of the fund as designated on the corresponding GAN. |
| H. Contact Person and
Telephone Number | Enter the name and telephone number of the individual to contact should questions or problems arise with the request. |

II. STATUS OF FUNDS

- | | |
|---|--|
| A. Cash Carry-In from
Prior Program Year | Enter the cash carried in from the prior PY, if applicable.
(This entry is <u>cash</u> carry-in and is not the same as <u>allocation</u>
carry-in.). |
| B. Cash Received
Year-to-Date | Enter the total funds received from the beginning of the PY
to date. <u>Do not include payments in transit.</u> <u>Do not</u>
<u>include any program income.</u> |
| C. Adjustments to
Cash (+ or -)
Explanation Required | Enter adjustments (additions/subtractions) to cash only as
directed by the OFS. All additions and subtractions must be
clearly documented in cash ledgers. An example of a
subtraction is refunds to the MDCD during a PY. |
| C.1 Explanation of
Adjustment to Cash | An explanation is required for any adjustment to cash. |
| D. Total Cash Available | Enter the total of A through C. |
| E. Actual Disbursements
Year-to-Date | Enter the total of actual cash disbursements as of the date of
this Cash Request. This figure is to include only the actual
cash paid out of costs, including funds to subcontractors.
Do not include accruals. Do not include expenditures of
program income. |
| F. Cash on Hand | Enter the result of D “Total Cash Available” minus E
“Actual Disbursements Year-to-Date”. |
| G. Cash Requests in Progress | Enter the total of cash requested but <u>not received</u> as of the
date of this cash request. Do not include payments already
received. |
| H. Amount of This Request | Enter the amount of cash needed to cover immediate
disbursements. This figure may be rounded. This amount
must be supported by internal cash control records. |
| I. Remarks | Additional information or comments maybe
included here. |

III. ITEMIZED CASH REQUEST

Enter all costs itemized pursuant to budget line items
including match funds (in – kind or cash).

IV. CERTIFICATION

The Cash Request must be signed and dated by the authorized official responsible for the accuracy of the report. It must be signed by someone other than the individual completing the form. Other staff cannot sign forms for the authorized official.

V. FOR MDCD USE ONLY

Revised (08/03)

Leave Blank.

Attachment II

QUARTERLY EXPENDITURE REPORT

Michigan Department of Career Development

Attention: Mike Beamish

201 N. Washington Square, 4th Floor

Lansing, Michigan 48913

GEAR UP COMPLETION: MANDATORY PENALTY: NO FUNDS	The Michigan Department of Career Development does not discriminate in employment or in the provision of services based on race, religion, color, national origin, sex, age, height, weight, marital status, arrest without conviction, disability, political affiliation or belief.
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SECTION I - IDENTIFICATION INFORMATION

1. SITE NAME	3. PLAN TITLE	4. PLAN/ MODIFICATION NO.
	GEAR UP	03-00

5. PROGRAM PERIOD	6. EFFECTIVE DATE OF PLAN/MODIFICATION
START END	MONTH DAY YEAR
08-15-03 08-14-04	08 15 2003

SECTION II - TOTAL FUNDS AVAILABLE

FUNDING SOURCE: GEAR UP	1. ALLOCATION AMOUNT \$
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SECTION III – CUMULATIVE PLANNED EXPENDITURES BY QUARTER AND COST CATEGORY

COST CATEGORY	Planned Expenditure	Actual Expenditure	Actual Match Expenditure	MDCD Use Only
1. Salaries	\$	\$	\$	
2. Employee Benefits	\$	\$	\$	
3. Travel	\$	\$	\$	
4. Equipment	\$	\$	\$	
5. Materials and Supplies	\$	\$	\$	
6. Consultant/Contract	\$	\$	\$	
7. Other	\$	\$	\$	
8. Indirect	\$	\$	\$	
9. Totals	\$	\$	\$	

SECTION IV- CERTIFICATION

I certify that the information provided in this quarterly expenditure report is correct. CHECK BOX FOR FINAL REPORT		
Signature	Typed Name and Title	Date

QUARTERLY EXPENDITURE REPORT GENERAL INSTRUCTIONS

GENERAL - Quarterly expenditure forms must be completed and returned to the GEAR UP Project Director no later than 15 days following the quarter end date. Report due dates are: Dec 15, March 15, June 15, and year-end report September 15. **A one to two page narrative of project accomplishments to date must also be included with each quarterly expenditure report.** The Grantee shall submit quarterly performance reports that briefly present the following information:

1. Percent of completion of the project objectives briefly outlining the work accomplished during the reporting period and the work to be completed during the next reporting period.
2. Brief description of problems or delays, real or anticipated, which should be brought to the attention of the Grant Administrator.

Section I - Identification Information

1. Site Name: Enter the name of the Partner Site/Fiscal Agent.
2. Plan Title: Enter the appropriate title for the plan being submitted. "GEAR UP" is preprinted.
3. Plan/Modification Number: Each program year will begin with the year and 00 (03-00). Subsequent modifications will be in the next sequence from 00, i.e., 03-01, 03-02, etc. "03-00" has been preprinted.
4. Program Period: Identify the time period covered by the specific report. GEAR UP quarters are defined as September 1 – November 30; December 1 - February 28; March 1 - May 31; June 1 – August 14.
5. Effective Date of Plan/Modification: Identify the effective date of the proposed plan action. The date "08-15-03" has been preprinted.

Section II - Total Funds Available

Line 1. Allocation: Enter total GEAR UP amount allocated for the Program.

Section III– Cumulative Planned Expenditures by Quarter and Cost Category

Line 1. Salaries: Enter the cumulative amount planned to be spent, year-to-date and actual expenditures, year-to-date. Include actual match expenditure.

Line 2. Employee Benefits: Enter the cumulative amount planned to be spent, year-to-date and actual expenditures, year-to-date. Include actual match expenditure.

Line 3. Travel: Enter the cumulative amount planned to be spent, year-to-date and actual expenditures, year-to-date on staff travel. Include actual match expenditure.

Line 4. Equipment: Enter the cumulative amount planned to be spent, year-to-date and actual expenditures, year-to-date, on equipment. Include actual match expenditure.

Line 5. Materials and Supplies: Enter the cumulative amount planned to be spent, year-to-date and actual expenditures, year-to-date, on office supplies, materials and printing, software, awards and incentives. Include actual match expenditure.

Line 6. Consultant and Contracts: Enter the cumulative amount planned to be spent, year-to-date and actual expenditures, year-to-date, on parent advocates and technical services. Include actual match expenditure.

Line 7. Other: Enter the cumulative amount planned to be spent, year-to-date and actual expenditures, year-to-date, on student travel, phone/fax, postage, special programs, advertising /PR. Include actual match expenditure.

Line 8. Indirect: Enter the cumulative amount planned to be spent, year-to-date and actual expenditures, year-to-date, on indirect costs. Include actual match expenditure.

Line 9. Total Planned Expenditures: Enter the total of the lines above for the cumulative Total Planned Expenditures, year-to-date, and Actual Expenditures by quarter. Include actual match expenditure.

Section IV.

Authorized signatory signs and attests to accuracy of report.